

Office Use ONLY:		
□ PAID	Receipt #:_	
Letter Mailed:		

## Letters From Santa Form 2016

Your name:	
Your address:	
Your City, State and Zip Code:	
Your phone number:	
Your relationship to the child:	
Name any other children related to this child receiving a Letter	from Santa:
Has this child received a letter from us before (list the years):	
CHILD'S INFORMATION PRINT CLEARLY—it will help us to be mo	ore accurate!
Name: q	Male q Female
Address:	
City, State and Zip Code:	
Nickname(s):	
Age & Birthday:	
Favorite Thing To Do:	
Current School: Current Gr	rade:
Current Teacher:	
Behavior to compliment:	
Behavior to improve:	······································
Favorite Movie/TV show:	
Favorite Book:	
Kind & Names of Pets:	
Brother(s) Name(s) & Age(s):	
Sister(s) Name(s) & Age(s):	
Gifts that WILL be received:	
Additional information that may be helpful in creating a uniq	ue letter:
Forms and payment MUST be received in our office by p.m. You may also attach a copy of your child's letter to you). Complete the form and return it with cash or to the City of Warsaw Parks Department. Letters from Thanksgiving. Letters will be mailed no later than Deceived.	to Santa (this will not be returne check for \$2.00 per child payable Santa will be received after

**RETURN WITH PAYMENT TO:** 

City of Warsaw Parks Department Attn: Letters from Santa 117 E Canal Street Warsaw IN 46580

Questions? 574-372-9554 or parksevents@warsaw.in.gov